

APPLICATION FOR DRUG COURT

DATE: _____

APPLICANT'S NAME: _____

S.S. #: _____

SEX: _____ RACE: _____

ADDRESS: _____

WHAT JAIL ARE YOU IN? _____

IF NOT IN JAIL, HOW MAY WE CONTACT YOU? _____

WHAT IS YOUR ATTORNEY'S NAME? _____

WHAT ARE THE CHARGES YOU'RE IN JAIL FOR? _____

WHAT IS YOUR COURT DATE? _____

WHICH COURT? JUDGE WOOTTEN JUDGE KANE JUDGE COLLINS

LIST ANY PREVIOUS CHARGES AND CONVICTIONS: _____

FIFTEENTH JUDICIAL DISTRICT DRUG COURT PROGRAM

Assessment of Offender Risk

Name: _____
 LAST FIRST MI

DOB (MM/DD/YY): _____ TOMIS #: _____

Date Incarcerated (MM/DD/YY): _____ Jail: _____

Charges: _____

Today's Date: _____

1. Number of Address Changes in last 12 months: _____
2. Percentage of Time Employed in Last 12 months: _____
3. Alcohol Usage Problems (prior to incarceration): _____

4. Other Drug Problems (prior to incarceration): _____

5. Attitude (circle one): Motivated to Change Not Motivated to Change
6. Age at First Conviction: _____
7. Age at Placement on Community Supervision: _____
8. Number of prior periods of probation/parole supervision: _____
9. Number of prior Probation/Parole Revocations: _____
10. Number of prior Felony Convictions: _____
11. Convictions or Juvenile Adjudications for: _____

TOTAL SCORE _____

Supervision Level

<u>Risk Score</u>	<u>Probation</u>	<u>Parole</u>
0-8	1	2
9-14	2	3
15+	3	4

Levels

1. Requires the lowest supervision of all supervision requirement
2. Would establish a minimum-medium supervision level
3. Would establish a medium-maximum supervision level
4. Maximum supervision level

15th JUDICIAL DISTRICT DRUG COURT PROGRAM

SCREENING AND ASSESSMENT REPORT

(revised 10/18/12)

Name: _____

S.S.#: _____ DOB: _____ Race: _____ Sex: _____

JAIL: _____ County of Conviction: _____ Referred by: _____

Convicting Offense(s): _____

Recommendation:

DA _____ eligible _____ ineligible _____

PD _____ eligible _____ ineligible _____

D/C _____ eligible _____ ineligible _____

Prob. _____ eligible _____ ineligible _____

The above named individual was screened on _____ and found eligible/ineligible for the 15th Judicial District Drug Court Program. This person is being recommended for the following Drug Court Component:

_____ Intensive Outpatient Program (IOP)

_____ Residential Program

_____ Private Treatment

_____ Pre-Release Program

Comments: _____

Drug Court Assessor: _____

Date: _____

FIFTEENTH JUDICIAL DISTRICT DRUG COURT PROGRAM

INTAKE INFORMATION

CLIENT INFORMATION

Last name: _____ First: _____ M: _____

S.S.# _____ D.O.B. _____ Age: _____ Hair Color: _____ Eyes: _____

Gender: M F Alternate name(AKA): _____

Height: _____ Weight: _____ Marital Status: M S D W Number of kids: _____

Age(s) of kids: _____ Are you pregnant? Y N

Who has custody of your kids? _____ If not you, what is their address? _____

ETHNICITY: PUERTO RICAN SPANISH MEXICAN CUBAN CENTRAL AMERICAN SOUTH AMERICAN OTHER

RACE: ALASKA NATIVE AMERICAN INDIAN BLACK/AFRICAN AMERICAN ASIAN WHITE MULT-RACIAL OTHER

ENGLISH FLUENCY: EXCELLENT GOOD MODERATE POOR NOT AT ALL PREFERRED LANGUAGE: _____

UNITED STATES CITIZEN? Y N Tomis # _____ Drivers License #: _____

Is your license valid? Y N Do you have available transportation to treatment and drug court? Y N

Contact Information

Address: _____

County: _____ Who do you live with? _____

Is the person you live with on probation or parole? Y N If yes, what for? _____

Home #: _____ Cell _____ How long have you lived at this address? _____

Number of children living in the home with you in the last 6 months? _____

List previous address: _____

Collateral Contact: someone that we can contact on your behalf: Name _____

Address: _____

Relation to you: _____ Have you ever lived in another state? Y N Where? _____

Do you have any charges in any other state? If yes, Explain: _____

Does anyone in the home use alcohol or illegal drugs? Y N Prescription drugs? Y N

Education Information

Highest grade level completed? 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE

Where did you attend high school? _____ Do you have your diploma? Y N

GED? Y N Special Ed student? Y N

IF YOU ATTENDED COLLEGE, HOW LONG DID YOU ATTEND AND DID YOU GET YOUR DEGREE? _____

If yes, where and for what? _____

List any skills, abilities, or vocational interests: _____

Are you currently or have you ever been in the military? Y N If yes, what branch? _____

If yes, were you honorably discharged? Y N If you were in the military, have you been screened for
traumatic brain injury? Y N Post traumatic stress disorder? Y N

Criminal Information

Are you in jail? Y N Where? _____ When did you come to jail? _____

Who was your sentencing Judge? _____ Are you in jail for probation violation? Y N

If yes, what is the underlying charge(s): _____ When were you arrested on the underlying
charge? _____ What is the offense level? Felony Misdemeanor

When were you sentenced? _____ What is your sentence length? _____

Is this your first offense? Y N If no, list any past charges and convictions:

Who was your attorney? _____ Do you have a release date? Y N

If so, when? _____ Do you have charges pending? Y N

If yes, where? _____

What charges are pending? _____

Who was your probation officer? _____

What was your most severe violation of probation charge? _____

If you violated your probation for new charges, when were you arrested for those new charges? _____

Do you have a juvenile record? Y N Explain: _____

Have you ever spent time in the State Pen? _____ How many times have you been in jail? _____

Have you ever had any write ups while in jail? Y N Explain: _____

Age you were at first conviction: _____ Age at first arrest: _____

Have you ever been charged or convicted of: **Sale of drugs?** Y N **Meth Manufacture?** Y N

Arson? Y N **Assault (domestic or aggravated)?** Y N **Reckless Endangerment?** Y N

Weapons? Y N **Child Abuse?** Y N

How many prior **NON DRUG felony** convictions do you have? _____ # of **felony DRUG** convictions? _____

How many prior **NON DRUG misdemeanor** convictions do you have? _____ # of **misd. DRUG** convictions? _____

How many times have you been incarcerated in your lifetime? _____

How many times have you been arrested? _____ Do you owe child support? Y N

If yes, how much? _____ Back child support? _____

Medical and Mental Health Information

Do you currently have insurance? Y N If yes, who with? _____

Do you have any of the following: co-occurring disorders? Y N visual impairment? Y N TB? Y N

High Blood Pressure? Y N back Injuries? Y N Difficulty breathing? Y N Hearing loss? Y N

Have you ever been diagnosed with hepatitis? Y N Are you diabetic? Y N Allergies? Y N

Developmentally disabled? Y N Physically disabled? Y N

Have you ever had a medical issue that required prescription pain medication? Y N

Please explain where you answered YES to any of the above: _____

Do you have any acute or chronic unresolved medical conditions? Y N If yes, please explain:

Any other medical issues not listed here: _____

Are you currently on any medication for a medical issue? _____

Do you have a mental health diagnosis? Y N If yes, explain: _____

Are you or have you ever been on any psychiatric medications? Y N explain: _____

When were you diagnosed? _____ Do you have a case worker? _____

Do you have a history of lethality? (trying to harm yourself?) Y N

If yes, explain: _____

Current emotional or behavioral stressors:

Who do you go to for emotional support? _____

Do you have social support? i.e.: AA, Church, School, Work... _____

A & D Background

Have you ever been in drug and/or alcohol treatment? Y N If yes, Where and When? _____

Were you court ordered or was this voluntary? _____

How long were you sober after attending treatment? _____

Do you have a history of withdrawal: yes no

The 30 days prior to incarceration, did you have a combination of/ or take by itself: alcohol, barbiturates, or benzodiazapines? _____

How much did you consume? _____

How many alcohol/drug related emergency room visits have you had? _____

What is your primary drug of choice? _____ Date of last use? _____

Rate the severity of use: severe moderate mild Frequency? _____

What would be your second drug of choice? _____ Date of last use? _____

severe moderate mild Frequency? _____ Method? _____

What would be your third drug of choice? _____ Date of last use? _____

severe moderate mild Frequency? _____ Method? _____

Have you ever used any of the following?

DRUG	AGE of first use	Date of Last use	Severity	Frequency
_____ pills	_____	_____	_____	_____
_____ marijuana	_____	_____	_____	_____
_____ Cocaine	_____	_____	_____	_____
_____ Meth	_____	_____	_____	_____
_____ Alcohol	_____	_____	_____	_____

IV drug user? _____ Do you currently use any type of tobacco? Y N type? _____

How many days sober do you have at this time? _____

How many AA/NA meetings have you attended in the last 30 days? _____

Do you have any other addictions? _____ If yes, what? _____

Do you feel that the reason you are in jail or have criminal charges is because of your drug use? Y N

Employment Background

What was your employment status at the time of your incarceration? _____

Where did you last work? _____

Was this a full time, part time, or temporary employment? _____

How long did you work there? _____ Reason for leaving: _____

What is the longest period of time you held one job? _____ Where? _____

What other places have you worked at? _____

Number of weeks employed in the past six months? _____ In the past year? _____

Other Information

List your strengths: (i.e. family support system, vocational skills, prior treatment, etc.)

List your weaknesses: (i.e. lack of support system, lack of employment, lack of housing, etc.)

In your own words, explain what your plan would be if you were released from jail today:

In your own words, explain why you need help and what you need help with:

Are you motivated to make a positive lifestyle change? _____
